



SSTS Permit: _____
 Building Permit: _____
 Well Permit: _____
Olmsted County Planning Department
Inspections Division
 2122 Campus Dr SE, Suite 100
 Rochester, MN 55904
 P: 507-328-7100 F: 507-328-7958
 planningweb@co.olmsted.mn.us

SSTS Permit Application

Location

Installer	Name:	Phone:
	Address:	Cell:
	E-mail:	Lic. #:
Property	Name:	Phone:
Owner	Mailing Address:	
	E-mail:	
Property	Subdivision:	Lot: Block:
	PIN #:	
	Site Address:	
	Township Name:	Section #:

Party responsible for sodding or seeding: Property Owner Installer Other

Must be sodded or seeded immediately after the placement of final soil cover.

Required Attachments

Design	Owner Signed Management Plan	Soil Logs
Site plan with well location and borings	Soil Survey of Drainfield Area	Soils map

Construction Proposed

New Construction	Replacement	Reconstruction of System	Alteration
Check all that apply:			
Septic Tank	Building Sewer	Drainfield	
Holding Tank	Dosing Tank		

Water Use

Dwelling Classification:	Class I	Class II	Class III
No. of bedrooms:	Gallons per day:		
Commercial/Industrial:	Gallons per day:		
Multi-Family:	Gallons per day:		

Water meter/event counter must be installed if a pump is employed.

Tanks

Total Number of Tanks:

Number of Septic:	Total volume septic (gallons):	
Number of Dose:	Total volume dose (gallons):	
Number of Combo:	Total volume septic/dose (gallons):	/

Tank Manufacturer:	Tank Model:	Use:
Tank Manufacturer:	Tank Model:	Use:
Tank Manufacturer:	Tank Model:	Use:

Effluent filter: Yes No

Water Using Devices

Garbage Disposal*	Yes	No
Sewage Ejector/Grinder Pump*	Yes	No
Basement Sump (may not discharge into septic system)	Yes	No
Water Softener (should not discharge into septic system)	Yes	No

***If yes, septic tank capacity must be increased by 50% per code requirement**

Soil Treatment System

System Designer:

Depth to Restriction:	Benchmark Elevation:
Maximum Soil Penetration:	OR Sand Lift Required:
Soil Sizing Factor to be used:	Soil Loading Rate:
System Type:	I II III IV V
Distribution Method:	Gravity Pump to Gravity Pressurized
Distribution System Type:	At-Grade Bed Mound Trench
Alternate System:	Pretreatment

Property Owner

As property owner, I declare I have reviewed the above application and am in agreement with the information. I further understand my potential responsibility to sod or seed the proposed construction area upon completion of construction, and to have the septic tank(s) inspected at least once every three (3) years to assess the need for having septage removed.

Signature: _____ Date: _____

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Installing Contractor (Licensee)

As installing contractor, I declare that the above information is correct, and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Olmsted County and MN State Rules. The permit and these specifications will be at the work site during its progress. If any modification is proposed, approval of the permitting authority shall be obtained before construction. I shall notify the permitting authority on the work day preceding the day inspection is desired, providing the permit number and directions to the work site. I further understand my potential responsibility to sod or seed the proposed construction area upon completion of construction.

Company Name:

License Number:

Signature:

Date: